

EXHIBIT 2

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS**

PLANNED PARENTHOOD FEDERATION
OF AMERICA, INC.; PLANNED
PARENTHOOD LEAGUE OF
MASSACHUSETTS; and PLANNED
PARENTHOOD ASSOCIATION OF UTAH,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official
capacity as SECRETARY OF THE U.S.
DEPARTMENT OF HEALTH AND
HUMAN SERVICES; U.S. DEPARTMENT
OF HEALTH AND HUMAN SERVICES;
MEHMET OZ, in his official capacity as
ADMINISTRATOR OF THE CENTERS
FOR MEDICARE & MEDICAID
SERVICES; and CENTERS FOR
MEDICARE & MEDICAID SERVICES,

Defendants.

Case No. _____

**DECLARATION OF DOMINIQUE LEE
IN SUPPORT OF PLAINTIFFS' EMERGENCY MOTION FOR A TEMPORARY
RESTRAINING ORDER AND PRELIMINARY INJUNCTION**

1. I am currently employed by Planned Parenthood League of Massachusetts ("PPLM") as President and Chief Executive Officer. PPLM is a not-for-profit corporation registered to do business in Massachusetts. I have served in this role since September of 2023. I have also served at other Planned Parenthood affiliates, including as Chief Operating Officer of Planned Parenthood Mar Monte, which operates thirty-five health centers in California and Nevada and is the largest affiliate in the nation. In that role, I led enterprise-wide implementation of telehealth services across thirty-five health centers, serving more than 250,000 patients annually.

This system-wide rollout ensured the continuation of care during the COVID-19 pandemic and required rapidly adapting clinical operations to shifting public health guidance, patient needs, and regulatory requirements to preserve access to essential reproductive and primary health services. I have nearly twenty years of experience in sexual and reproductive health care, including direct oversight of clinical operations, regulatory compliance, and access to abortion and contraceptive services. I have led responses to rapidly changing landscapes, including state restrictions, funding threats, and operational challenges across multiple states. My work has included ensuring continuity of care under emergency conditions, navigating Medicaid and commercial payer systems, and advising on operational implications of federal and state policy changes. I hold a Master of Business Administration from Northwestern, Kellogg School of Management, as well as a Master of Public Health from Dartmouth College, where I currently serve as an Adjunct Lecturer in the Institute for Health Policy and Clinical Practice.

2. In my role as PPLM's President and Chief Executive Officer, I am responsible for PPLM's management. As such, I am familiar with the types of care we provide, patient demographics, operations, and staff needs and concerns. I lead PPLM's executive team, interface with its Board of Directors, and am responsible for a wide array of operational and strategic decisions.

3. I am over the age of eighteen and have personal knowledge of the matters herein or have acquired such knowledge by personally examining the business records kept in the normal course of business by PPLM. If called upon to testify, I could and would testify to the facts in this declaration.

4. As I explain below, Section 71113 of An Act to provide for reconciliation pursuant to title II of H. Con. Res. 14 (the "Defund Provision") will cause immediate and irreparable harm

to PPLM and the patients it serves—including and especially people with low incomes who lack alternative access to expert, reliable reproductive health care. If PPLM remains prohibited from receiving federal Medicaid reimbursements, its health centers' operations will be immediately and potentially irrevocably upended and our patient relationships threatened as we face losing 40% of our gross operating revenue. PPLM and its patients are already experiencing harm in the few days since the Defund Provision has gone into effect. When Section 71113 went into effect on July 4, we immediately began preparing for the impact this would have when our health centers opened on Monday. We have nearly 150 scheduled appointments for Medicaid patients across our health centers on July 7 and July 8 alone, and have been reaching out to inform these patients they cannot use their Medicaid coverage for services at PPLM. We are discussing options with patients to try to ensure their access to care, but we know that many patients cannot afford to self-pay for their care and will not be able to get timely, high-quality care at another provider that accepts Medicaid. PPLM has already had to disrupt and reorganize dozens of workflows that direct, among other things, patient intake, general patient communication, and billing. We have translated new communications materials and worked with community partners to shore up referral systems—all while trying to reassure our staff that they will still have jobs next week.

5. PPLM clinics in recent years have served a significant portion of patients who seek reproductive healthcare from publicly funded clinics in Massachusetts, including 54% of Massachusetts patients that received family planning services through Medicaid. Because alternative providers in the State are already significantly overstretched, PPLM's ejection from the Medicaid program will have seriously adverse public health consequences for the State as a whole,

including a precipitous rise in unwanted pregnancies, sexually transmitted infections (“STIs”), and abortions.¹

6. Furthermore, unless an injunction is quickly granted, the Defund Provision will likely have a significant effect on PPLM’s financial viability. While the exact financial impact is still being assessed, early estimates indicate that the Defund Provision will jeopardize 35–40% of our annual health care revenue. This could force PPLM to make substantial reductions to services, programs, and staffing, potentially up to 20–25%, and may ultimately put our health centers at risk of closure. We have determined that these reductions will need to start within three months absent injunctive relief.

I. ORGANIZATION

7. PPLM is a nonprofit corporation organized under the laws of the Commonwealth of Massachusetts, with its principal office located in Boston, Massachusetts.

8. PPLM is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code. Each of its clinics is an essential community provider, 45 C.F.R. § 156.235, that is primarily engaged in family planning services, reproductive health, and related medical care.

9. PPLM’s mission is to ensure that every person in the State has access to sexual and reproductive health care and education no matter who they are, where they live, or who they love. Our work is informed by research, powered by advocacy, and conducted with compassion and respect. For ninety-four years, PPLM has been the leading provider of high-quality, comprehensive, compassionate, safe, and confidential family planning, reproductive health care,

¹ Usha Ranji et al., *5 Key Facts About Medicaid and Family Planning*, KFF (May 29, 2025), <https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-and-family-planning/#:~:text=The%20Medicaid%20program%20has%20a,for%20other%20health%20care%20services.>

and education for all people in Massachusetts. PPLM's staff and network of clinics work to ensure that families and communities have the resources they need to achieve positive reproductive health outcomes, regardless of their ability to pay for services.

10. PPLM is an independently incorporated entity with its own CEO, Board of Directors, and management. PPLM has its own infrastructure and approximately 200 staff members manage the day-to-day operations of our health centers and educational services. As the premier provider of sexual and reproductive health care in Massachusetts, PPLM implements operational and advocacy strategies to meet the reproductive health needs in the state. This includes PPLM's ASPIRE Center for Sexual And Reproductive Health which engages in clinical and social science research, professional education, and clinical training independently and in partnership with academic institutions in Massachusetts, and teaching hospitals, especially in the greater Boston area.

11. In order to better serve its mission, PPLM also is a member of Planned Parenthood Federation of America, Inc. ("PPFA"). PPLM pays annual dues to PPFA to maintain its membership status. As a member of PPFA, PPLM receives the right to use the Planned Parenthood name and service mark and to participate in programs organized by PPFA. PPLM's membership in PPFA helps to serve PPLM's core mission. PPFA lends valuable advice and technical support in areas including clinical research, compliance with the medical standards and guidelines, revenue management, development, public affairs, communications, and advocacy. In addition, because only providers who meet PPFA's stringent accreditation standards are permitted to use the Planned Parenthood name, patients know that they can trust Planned Parenthood members for expert, nonjudgmental care.

II. PPLM'S ROLE IN PROMOTING PUBLIC HEALTH

12. PPLM provides a range of sexual, reproductive, and wellness care at its four physical health centers in Boston (the Greater Boston Health Center), Marlborough (The Metro West Health Center), Springfield (the Western Massachusetts Health Center), and Worcester (the Central Massachusetts Health Center), and through its virtual health center that offers telehealth services via phone and video.

13. PPLM's health centers offer birth control, pregnancy testing and prenatal referrals, testing and treatment for STIs, Pre-Exposure Prophylaxis ("PrEP"), Post-Exposure Prophylaxis ("PEP"), clinical breast exams, breast and cervical cancer screenings, colposcopy and biopsy, condyloma treatment, and gender affirming care.

14. PPLM also provides critical health education to its patients, including education about breast and cervical cancer screening, diagnosis, follow-up, and referral to medical specialists in the community. PPLM develops health educational services for the general public as well, offering age-appropriate and medically accurate sexual education programs in public schools and in partnership with community-based organizations that provide guidance and support. Furthermore, by offering peer education and lay health advisor programs, PPLM trains youth and adults to respond to cultural and linguistic barriers that often keep members of their communities from seeking and receiving the health care they need.

15. PPLM delivers health care to more than 30,000 unique patients each year. In 2024 alone, PPLM provided patients with more than 20,500 birth control methods, including nearly 5,000 long-acting reversible contraceptives ("LARCs"), which are the most effective forms of birth control. In that same year, PPLM performed more than 65,000 STI tests, which comprises a substantial portion of the STI tests performed in PPLM's service areas.

16. Three of PPLM's health centers are in communities classified by the federal government as Medical Care Health Professional Shortage Areas ("HPSAs") for individuals with low incomes, and a substantial part of its education services are provided to individuals in communities experiencing significant health disparities.² Unlike most family planning providers in its service areas, PPLM's health centers offer early morning, limited evening, and weekend hours. Additionally, we offer walk-in appointments and same-day contraception, including highly effective LARCs—services that are often not offered by other providers in the area—and without the burdensome wait times or multiple visits that are often encountered elsewhere.

17. Because PPLM's health care centers offer same-day and walk-in visits for most services and for urgent care needs, they serve as an alternative to the emergency room for many of their patients. For example, patients come to PPLM's health centers for treatment following miscarriages and for treatment of urinary tract infections. By offering those services, PPLM alleviates the burden on emergency rooms and primary care providers.

18. In addition, PPLM manages an active clinical training program through partnerships with local academic institutions, hospitals, and other organizations. This program includes both clinical observations and hands-on rotations for medical students, residents, fellows, and advanced practice clinicians to train in all of the services PPLM provides. We are also in year three of our ASPIRE Center's sexual and reproductive health residency program for nurse practitioners, physician assistants, and certified nurse midwives. The residency program is based at our Central Massachusetts health center in Worcester and is supported by funding from the Massachusetts Department of Public Health.

² HPSAs are designated by the Health Resources and Services Administration ("HRSA"), an agency of the U.S. Department of Health and Human Services ("HHS"), as having shortages of primary medical care, dental, or mental health providers.

19. PPLM also partners with Brigham and Women's Hospital to co-host the MassGeneralBrigham-Harvard Medical School Complex Family Planning Fellowship (MGB-HMS CFP). The MGB-HMS CFP program is a nationwide training program for obstetrician-gynecologists to receive subspecialty clinical training in abortion and contraception care, training in clinical research methods and public health, and exposure to policy and advocacy work. This Fellowship program works to create the next generation of leaders in the research and provision of sexual and reproductive health care, with specific expertise in serving patients with complex issues. Our professional education programs are vital to the provision of sexual and reproductive health care in the state, serving as a pipeline of trained providers to areas in Massachusetts where there is a shortage of sexual and reproductive health care providers, including Springfield and Worcester.

20. In 2024, PPLM referred more than 2,100 patients to other providers for a variety of types of care, including diagnosis and management of chronic diseases including cancer, diabetes, cardiovascular disease, mental health, obstetric and breast specialist care, human immunodeficiency virus ("HIV") care, infertility, and dermatology. Many of those patients initially came to PPLM health care centers for other medical needs, including family planning services, and would likely not have received treatment for their illnesses if not for the PPLM staff, who were able to accurately diagnose their conditions and connect them with appropriate medical professionals.

21. A core part of PPLM's mission is to deliver reproductive health care to individuals with low incomes, including individuals who rely on Medicaid. The vast majority of PPLM's patients are economically disadvantaged and come from at-risk communities. Two of PPLM's four clinics—the Greater Boston and Central Massachusetts Health Centers—are in communities

classified as Medically Underserved Areas, which are areas designated by HHS as having major shortages in primary health service providers relative to the health care needs of the community. As noted above, Worcester, where the Central Massachusetts Health Center is located, and Springfield, where the Western Massachusetts Health Center is located, are both designated by HHS as primary care HPSAs.

22. In patient surveys, PPLM is consistently highly ranked as a leading provider of sexual and reproductive health care. Specifically, our Medicaid patients have scored PPLM an average of 93/100 in overall patient experience, overall access, and convenience of our hours. They have also scored our care providers an average of 95/100 and 96/100 when asked if the services they were offered met their needs. In particular, patients often report that they choose PPLM because of the confidential and nonjudgmental care we provide. Many patients come to PPLM out of concern that their local or family provider may judge them or fail to respect their privacy.

23. The Commonwealth of Massachusetts is in great need of the services PPLM provides. According to the last comprehensive study published in 2020 by the Guttmacher Institute, the nation's leading research organization regarding reproductive health care, there are 1,498,680 women of reproductive age (13–44) in Massachusetts, of which 947,850 are in need of contraceptive services and supplies.³ Of those, 332,670 women need publicly supported contraceptive services, because they either have an income below 250% of the Federal Poverty Level (68%) or are younger than 20 years of age (32%). In Massachusetts, 34% of all pregnancies

³ Blades N et al., *Publicly Supported Family Planning Services in the United States, 2020—Tables and Appendix Tables*, Guttmacher Inst. (May 2025), https://www.guttmacher.org/sites/default/files/report_downloads/publicly-supported-fp-services-us-2020tables-and-appendix-tables.pdf.

are unintended, indicating an ongoing and urgent need for accessible family planning and reproductive health services.⁴

24. Based on 2022 data from Massachusetts Department of Public Health, the birth rate for female youth aged 15–19 is 5.7 per 1,000.⁵ The need for PPLM’s services is particularly acute in Worcester, Springfield, and Marlborough, where the birth rates (per 1000) of female youth aged 15–19 are 9.5, 19.8, and 16.3 respectively.⁶ Further, for youth under the age of 18 in Worcester and Springfield 27.8% and 23.5% (respectively) received inadequate prenatal care, based on the Adequacy of Prenatal Care Utilization Index.⁷

25. Between 2021 to 2023, the state rates of chlamydia, gonorrhea, and HIV increased, and there was only a slight decrease in confirmed and probable infectious syphilis cases.⁸ In areas such as Hampden County, the rates for chlamydia, gonorrhea, and early syphilis (per 100,000 people) all surpassed the state rates.⁹ County data collected from 2012 to 2022 demonstrated that in the counties of Hampden, Worcester, and Middlesex there was an overall increase in chlamydia,

⁴ Kathryn Kost et al., *Pregnancies and Pregnancy Desires at the State Level: Estimates for 2017 and Trends Since 2012*, Guttmacher Inst. (Sept. 2021), <https://data.guttmacher.org/states/table?topics=191&dataset=data&state=MA>.

⁵ Registry of Vital Recs. & Stats., Mass. Dep’t of Pub. Health, *Massachusetts Births 2022*, at 17 (Nov. 2024), <https://www.mass.gov/doc/2022-birth-report/download>.

⁶ *Id.* at 16, 29.

⁷ *Id.* at 24, 30.

⁸ Bureau of Infectious Disease & Lab’y Scis., Mass. Dep’t of Pub. Health, *2023 Massachusetts Integrated HIV, STI, and Viral Hepatitis Surveillance Report* (Dec. 2024), <https://www.mass.gov/doc/2020-integrated-hiv-aids-std-and-viral-hepatitis-report/download>; Bureau of Infectious Disease & Lab’y Scis., Mass. Dep’t of Pub. Health, *Surveillance Data Overview of Sexually Transmitted Infections, Massachusetts, 2000-2023* (Mar. 2024), <https://www.mass.gov/doc/surveillance-data-overview-of-sexually-transmitted-infections-massachusetts-2000-2023-slide-set/download>.

⁹ Bureau of Infectious Disease & Lab’y Scis., Mass. Dep’t of Pub. Health, *Summary for Hampden County, Massachusetts, 2022* (2022), <https://www.mass.gov/doc/summary-for-hampden-county-2022/download>.

gonorrhea, and early syphilis.¹⁰ Yet, while the need for reproductive health services in Western Massachusetts and the Worcester area is significant, the availability of those services there is sparse.

26. As part of its commitment to ensuring that all people have access to comprehensive reproductive health care, three of PPLM's clinics—the Greater Boston Health Center, the Central Massachusetts Health Center, and the Western Massachusetts Health Center—provide abortion services to patients who choose to terminate a pregnancy. PPLM's Western Massachusetts Health Center in Springfield and the Central Massachusetts Health Center in Worcester provide over 90% of abortion care in their regions. Without those clinics, many patients in Massachusetts would have no access to an abortion provider. As federal law requires, no federal funds under the Medicaid program are used to reimburse PPLM for the cost of providing those abortion services (except under the very limited circumstances permitted by federal law).

27. PPLM is dedicated to ensuring that every person should have equitable access to abortion—without shame, stigma, or delay—because sexual and reproductive health is essential to every person's overall health, well-being, and happiness. PPLM was one of the first health care organizations in Massachusetts to offer medication abortion through telehealth. And while abortion remains legal and protected in Massachusetts, PPLM continues to advocate for improved access to abortion, especially in regions with limited abortion providers, such as southeastern Massachusetts. In 2024, PPLM established referral partnerships with eleven public colleges to ensure students have accurate information and access to abortion services.

¹⁰ *Id.*; Bureau of Infectious Disease & Lab'y Scis., Mass. Dep't of Pub. Health, *Summary for Worcester County, Massachusetts, 2022* (2022), <https://www.mass.gov/doc/summary-for-worcester-county-2022/download>; Bureau of Infectious Disease & Lab'y Scis., Mass. Dep't of Pub. Health, *Summary for Middlesex County, Massachusetts, 2022* (2022), <https://www.mass.gov/doc/summary-for-middlesex-county-2022/download>.

28. Further, PPLM contributes to expanding abortion access through our groundbreaking social science and clinical research. Added in 2016, our social science research program employs rigorous methodologies to identify and disrupt barriers to and inequities in care. For the past two decades, our clinical research arm has been steadfast in its commitment to actively pushing patient care forward and expanding access to abortion and contraception through the conduct of high-quality, award-winning clinical research that directly addresses the needs of our patients. By approaching research questions from these different perspectives and using a variety of methodologies, we have been able to broaden the impact of our research program on the field of sexual and reproductive health.

III. SERIOUS ADVERSE CONSEQUENCES OF THE DEFUND PROVISION

29. It is my understanding that PPLM is a “prohibited entity” under the Defund Provision because, among other things, PPLM received \$4,744,699.47 in Medicaid payments during fiscal year 2023. Prohibiting PPLM from receiving Medicaid reimbursement will have dire consequences for PPLM and its patients.

30. In 2024, PPLM provided services to approximately 10,822 patients who were enrolled in Medicaid—nearly 35% of PPLM’s patient base. In 2024, PPLM received a significant portion of its patient revenue (approximately 39%) from Medicaid reimbursements.

31. In 2024 alone, PPLM provided, through Medicaid, more than 5,237 units of contraception (including 1,255 LARCs), 242 cervical screenings, 257 breast cancer exams, and 21,463 STI tests (yielding over 500 positive results that would have otherwise gone undiagnosed).

32. It is my understanding that, as a direct result of the Defund Provision, PPLM will be prohibited from receiving federal Medicaid reimbursement for any of the health care services it provides.

33. Medicaid provides free or very low-cost health coverage for eligible families and individuals with low incomes. It is a joint federal-State program under which the federal government provides financial assistance to participating States to help them furnish care to needy persons. A State is not required to participate, but once it does, it must comply with a range of federal statutes and regulations.

34. Health care providers are not required to accept Medicaid, and many providers do not participate in the Medicaid program or strictly limit the number of Medicaid patients they will treat. For those participating health care providers, like PPLM, Medicaid works by reimbursement: specifically, the program reimburses PPLM for providing covered services to enrolled Medicaid patients. So, for example, a patient with Medicaid coverage will come to a PPLM clinic for preventive care. That patient receives birth control, an STI test, a Pap smear, or other Medicaid-covered care—likely at no cost. The PPLM clinic then submits to Medicaid a reimbursement claim for the services it provided.

35. With the Defund Provision in effect, patients are no longer able to receive health care services through the Medicaid program at PPLM clinics. On July 7 and 8 alone, 148 of PPLM's booked appointments across our health centers are for Medicaid patients. These Medicaid patients, who are close to or below the federal poverty level, are unlikely to be able to afford fees for the services they require, and PPLM clinics cannot afford to provide those services free of charge.

36. Some of PPLM’s Medicaid patients who will no longer be able to obtain health care at PPLM clinics may try to find some services at Federally Qualified Health Centers (“FQHCs”) or community health centers. Those safety net providers, however, generally do not specialize in reproductive health, and thus do not offer the full range of high-quality services provided by PPLM. Additionally, many FQHCs cannot offer the same immediate availability that PPLM offers.

37. Given the volume of Medicaid patients PPLM’s health centers serve, even if alternative providers were theoretically available, they could not take on the dramatic influx of patients who would lose service at PPLM. In addition, as discussed above, many health care centers cap the number of Medicaid patients they see, and many private physicians see few, if any, Medicaid patients.

38. Many of PPLM’s patients will therefore be unable to find another provider or will face such lengthy wait times that they will be forced to forgo services. In the greater Boston area, in particular, patients face some of the highest wait times to see a family medicine provider (an average wait time of sixty-nine days) or gynecologist (an average wait time of eighty-four days).¹¹ For patients waiting to see a provider, this will increase their risk of unintended pregnancy, STIs (both to themselves and their sexual partners), and undetected cancer.

39. Even those patients who can find another provider will suffer significant harm from losing access to their provider of choice, with whom they already have an established relationship. Patients covered through Medicaid choose PPLM health centers as their health care provider over other providers for numerous reasons—including PPLM’s accessibility, commitment to evidence-

¹¹ AMN Healthcare, *2025 Survey of Physician Appointment Wait Times and Medicare and Healthcare Technology Medicaid Acceptance Rates*, <http://online.flippingbook.com/view/83050962/> (last visited July 5, 2025).

based practices, use of leading-edge technology, wide range of reproductive health services and contraception options, and compassionate care. Moreover, as noted above, many patients who receive some health services elsewhere nonetheless choose PPLM for their reproductive health care because they are concerned about their privacy and fear of being judged by other providers. These essential aspects of treatment will be lost, even if a Medicaid patient can find a new provider.

40. With the Defund Provision in effect, there will be serious consequences for PPLM's ability to continue operating its health centers and provide the care our patients rely on. While we are still evaluating the full scope of the impact, early projections suggest we may need to reduce overall costs by 20–25%, which could include scaling back both health care services and staff. We may also be forced to make significant reductions to PPLM's educational and advocacy programs. These are difficult possibilities that we are expending resources to actively plan for as we assess all available options to preserve access to care.

41. While PPLM would try to preserve as many of its services and health care centers for as long as possible by reducing hours and staff, that is unlikely to provide a long-term solution. Without any access to federal Medicaid funding, within one year, we likely would have to close at least one health center. Based on current projections, PPLM currently anticipates that the Marlborough Health Center would have to close within about twelve months after losing Medicaid funds. Even then, that closure may still be insufficient to cover the revenue shortfall caused by the loss of Medicaid funds. Ultimately, even PPLM's remaining clinics would be forced to lay off additional staff and reduce operational hours, including the reduction or elimination of weekend clinic hours.

42. Closing the Marlborough Health Center would lead to almost 3,500 patients losing their reproductive health care provider of choice. Alternative providers in these areas are already

overstretched, with some having wait times of more than a week for even basic but essential services like oral birth control. The closure of PPLM clinics in these areas would overwhelm the capacity of these alternative providers, which are too small to provide services to thousands of new patients.

IV. INJUNCTION BOND

43. PPLM, a nonprofit organization, would be incapable of posting a bond in the amount of the federal funds it receives without severely curtailing its services and compromising its organizational mission. If PPLM were required to post an injunction bond, it would be foreclosed from pursuing judicial relief.

I declare under penalty of perjury that the foregoing is true and correct. Executed on
July 7, 2025.



Dominique Lee

July 7, 2025

Date